

Benefits Education
Phone:
(609) 777-2111
Benefits Education
Fax:
(609) 292-9500

Retirement Workshop 2003 Registration For State Employees

Return Form To:
Division of
Pensions and Benefits
Benefits Education
PO Box 295
Trenton, NJ 08625-0295

Preregistration for retirement workshops is required

Pension Fund *(select one):*

- ☐ Public Employees' Retirement System (PERS)
☐ Teachers' Pension and Annuity Fund (TPAF)

Member Information:

Name *(first, last)*: _____

Date of Birth *(mm/dd/yyyy)*: _____

Social Security Number *(xxx-xx-xxxx)*: _____

Expected Retirement Date: The first day of _____

(Retirement date must be the first day of a month and within the next twelve months.

This date is for estimate purposes only and is not an application for retirement.)

E-Mail Address: _____

Daytime Phone Number *(include Area Code)*: _____

Are you a member of the State Deferred Compensation Plan? ☐ Yes ☐ No

Pension Beneficiary Information:

(By providing this information we will be able to calculate a retirement estimate that includes payment options to a surviving beneficiary.)

Name of Beneficiary: _____

Beneficiary's Date of Birth *(mm/dd/yyyy)*: _____

Will your spouse/beneficiary attend with you? ☐ Yes ☐ No

Choose Seminar Date:

(You will receive directions to the seminar location upon confirmation of enrollment.)

- | | |
|--|---|
| <input type="checkbox"/> January 10 (9:30 a.m. to 12:00) | <input type="checkbox"/> April 7 (9:30 a.m. to 12:00) |
| <input type="checkbox"/> February 3 (9:30 a.m. to 12:00) | <input type="checkbox"/> May 7 (9:30 a.m. to 12:00) |
| <input type="checkbox"/> March 3 (9:30 a.m. to 12:00) | <input type="checkbox"/> June 2 (9:30 a.m. to 12:00) |